

Dr. KeJas 82
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death of a patient, physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

199

07389

CERTIFICATE OF DEATH

Reg. Diet. No. 302

1. PLACE OF DEATH:

County..... Washington
City or town..... Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... 7 weeksHospital, institution, or street address where death occurred: Wash. Co. HospitalHow long in hospital or institution?..... 7 weeks

3. (a) FULL NAME

Sarah E. Aldrich

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

FemaleWhiteWidowed6. (b) Name of husband or wife..... A. A. Aldrich

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age..... years

August. 9. 1863

8. AGE:

Years 84Months 1Days 6

If less than one day

hrs.

min.

9. Birthplace.....

Charles Town W. Va.
(Town, county, and state)

10. Usual occupation.....

None

11. Industry or business.....

MOTHER FATHER

12. Name..... Patrick O'Connell

13. Birthplace..... Ireland14. Maiden name..... Mary Sheet15. Birthplace..... Charles Town W. Va.

16. Informant.....

Records of Sabine Memorial Home

Address.....

San Mar. Md.

17. Burial.....

(Burial, cremation, or removal. Which?)

Date thereof Aug 17. 1947
(month) (day) (year)Cemetery or crematory Church of the Brethren Cemetery

Location.....

Brownsville Md.

18. Funeral director.....

W. S. East & Sons

Address.....

Brownsville Md.

19. Date rec'd by registrar.....

Aug. 16. 1947

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County.....City or town..... Charles Town W. Va.
(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 15 1947 at 3.20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 29 1947 to Aug 15 1947 and that I last saw her alive on Aug 14 1947

Immediate cause of death.....

Chronic hypochondriac

Due to.....

Trauma of left femur

Due to.....

Carcinoma of left earDURATION 5 yrs

DAYS

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur? Sabine Memorial Home for the Aged
(City or town) (County) (State)Injured at home, farm, industry, public place (where?)
Walked from room to hall, lost balance and fell - wasMeans of injury standing injured at work?
standing injured at work?

23. SIGNATURE

William M. W.
M. D. or other

Address.....

BoonsboroDate signed Aug 16 1947

RECEIVED

AUG 19 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and legible.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

208
07350

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 days

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 6 days

3. (a) FULL NAME

Ella Catherine Bell

3. (b) Social Security Number

None

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widowed

6. (b) Name of husband or wife Joseph V. Bell

7. Birth date of deceased (mo., day, yr.) Feb. 14, 1861

8. AGE: Years Months Days If less than one day
86 6 9 hrs. min.9. Birthplace Loudoun, go. West Virginia
(Town, county, and state)

10. Usual occupation Home duties

11. Industry or business

12. Name Arnald

13. Birthplace Virginia

14. Maiden name Sarah Fry

15. Birthplace Virginia

16. Informant Dr. R. A. Bell

Address Hagerstown, Maryland

17. Burial Date thereof August 26, 1947
(Burial, cremation, or removal. Which?)

Cemetery or crematory Shepardstown Cemetery

Location Shepardstown, West Virginia

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

19. Aug. 25, 1947 *Short Bowers*
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State West Virginia County Jefferson

City or town Shepardstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. Rural

(If rural, give LOCATION)

2. (a) If veteran, name war.

MEDICAL CERTIFICATION

20. DATE OF DEATH August 23, 1947, at 9:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 17, 1947, to Aug. 23, 1947, and that I last saw her alive on August 23, 1947.

Immediate cause of death

Cerebral Hemorrhage

DURATION

Due to

Due to

Other conditions

None

(Include pregnancy within 3 months of death)

Major findings or operations No operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work

23. SIGNATURE *R. A. Bell* M. D. or other

Address Hagerstown, Md. Date signed 8/24/47

RECEIVED

AUG 27 1947

BUREAU F B I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93a

07391

183

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County: Hagerstown

City or town: (If outside city or town limits, write RURAL and give nearest town) 22 years

How long in above place of death? Hospital, institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 2½ days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington
City or town: Hagerstown

(If outside city or town limits, write RURAL and give nearest town) Street No.: 800 W. Franklin St.

(If rural, give LOCATION)

2.(a) If veteran, name war: -----

3. (a) FULL NAME

James Luther Bent

3. (b) Social Security Number

705-10-6774

4. Sex: Male	5. Color or race: White	6.(a) Single, married, widowed, or divorced: Married
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6.(b) Name of husband or wife: May Bent

7. Birth date of deceased (mo., day, yr.): June 13, 1883

8. AGE: Years: 64	Months: 1	Days: 21	If less than one day: hrs. min.
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9. Birthplace: Red Cloud Nebraska
(Town, county, and state)

10. Usual occupation: Engineer

11. Industry or business: W.M.R.R

MOTHER FATHER
12. Name: June Bent

13. Birthplace: Unknown

14. Maiden name: Rosa Bryant

15. Birthplace: Unknown

16. Informant: MRS. May Bent

Address: Hagerstown Md.

17. Burial: Date thereof: 8-7-47
(Burial, cremation, or removal. Which?) Cemetery or crematory: Rest Haven Cemetery

Location: Hagerstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. Aug. 6. 1947 *Robert Powers*
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: August 4 47 at 4:20 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1947 to Aug. 4 1947 and that I last saw him alive on Au 4/4/47

Immediate cause of death:

Ventricular tachycardia

Due to: myocardial degeneration

Due to: acute ventricular dilatation

Other conditions:

(Include pregnancy within 8 months of death)

Major findings of operations:

None

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: *No* Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury:

Injured at work?

23. SIGNATURE:

R. Robert Wells M.D.
Address: Hagerstown, Md. Date signed 8/5/47



Evidence for the change of
age is shown on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

22

07392

Film No. G 112 SEP 8 1947 CERTIFICATE OF DEATH

Reg. Dist. No. 302

93d

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 yrs

Hospital, institution, or street address where death occurred:

Holmeswood Church Home

How long in hospital or institution?

3. (a) FULL NAME

Laura Hughes Batelet

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

single

6. (b) Name of husband or wife

6. (c) If alive, give age..... years

7. Birth date of
deceased (mo. day, yr.)

Nov. 7, 1867

8. AGE: Years 79 Months 8/11 Days 9 If less than one day

hrs.

min.

9. Birthplace Middleton Frederick Co. Md.

(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

12. Name William E. Batelet

13. Birthplace Middleton, Md.

14. Maiden name M. Sidney Hughes

15. Birthplace Middleton, Md.

16. Informant Howard Gross

Address Middleton, Md.

17. Burial Burial Date thereof Aug. 29-47

(Burial, cremation, or removal. Which?)

Cemetery or crematory Reform Cemetery

Location Middleton, Md.

18. Funeral director Chadill Co.

Address Middleton, Md.

19. Date rec'd by Registrar Aug. 29, 1947

(Date rec'd by Registrar) Class Bower

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md.

County Frederick

City or town Middleton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war no

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 26-47 19..... at 8:45 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-1-47 19..... to Aug 26 19.....

and that I last saw her alive on Aug 20-47 19.....

Immediate cause of death

Ch. Myocarditis

Due to

anemia

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

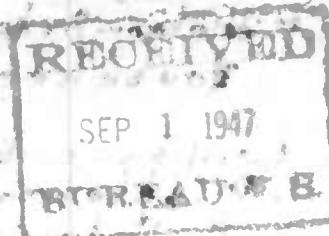
Means of injury

Injured at work?

23. SIGNATURE J.W. Batelet

M. D. or other

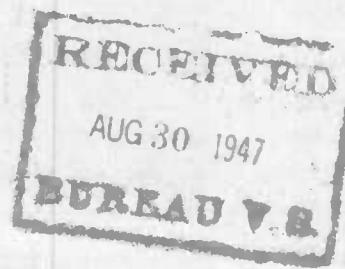
Address 107392 Date signed Aug 27-47



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AUG 20 1947

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No.

07395

302

1. PLACE OF DEATH:

Washington
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

one day

How long in above place of death?

Hospital, Institution, or street address where death occurred:

Washington Co. Hospital

How long in hospital or institution?

one day

3. (a) FULL NAME

Annie Marie Corbett

3. (b) Social Security Number

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

female white Married

8. (b) Name of husband or wife..... Raymond Corbett

7. Birth date of deceased (mo. day, yr.) October 4, 1879

8. (c) If alive, give age..... years

8. AGE: Year Months Days If less than one day

67 10 2 hrs. min.

9. Birthplace..... Washington Co. Md.

(Town, county, and state)

10. Usual occupation..... home duties

11. Industry or business

12. Name..... Richard Roman

13. Birthplace..... Washington Co. Md.

14. Maiden name..... Sarah Fisher

15. Birthplace..... Washington Co. Md.

16. Informant..... Mrs Georgia Murray

Address..... Hancock, Md.

17. Burial..... Date thereof..... Aug. 8, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Cataba Cemetery

Location..... Hancock (rural)

18. Funeral director..... Snyder-Rowland

Address..... Hancock, Md.

19. Date rec'd by registrar..... Aug. 7, 1947

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Washington

State..... County.....

City or town..... Rural Hancock

(If outside city or town limits, write RURAL and give nearest town)

Street No..... 5 miles West of Hancock

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

D.S.T.

20. DATE OF DEATH..... August 6, 1947, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 4, 1943, to August 6, 1947,

and that I last saw h. R. alive on Aug. 6, 1947.

Immediate cause of death.....

Coronary occlusion.
acute

DURATION

3 days

Due to..... Atherosclerotic
Hypertensive cardiovascular
disease

?

Died on.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations..... none.

Date of op.

Autopsy results..... none.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE.....

Guchi Bowers

M. D. 8-7-47

Address..... Clear Spring Dr. Date signed..... 8-7-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

46ex

07396

302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

Washington
County.....Hagerstown
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

2 years

How long in above place of death?.....

Hospital, Institution, or street address where death occurred:

17 Winter Street

How long in hospital or institution?.....

3. (a) FULL NAME

Oscar E. Delauder

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorcedMale White Widowed

6. (b) Name of husband or wife..... Louise Delauder

7. Birth date of deceased (mo., day, yr.) 6. (c) If alive, give age..... years

July 20, 1877

8. AGE: Years Months Days If less than one day70 0 18 hrs. min.9. Birthplace..... Near Frederick Fred. Md.

(Town, county, and state)

10. Usual occupation..... Retired

11. Industry or business..... Landis Tool Co. - Waynesboro, Pa.

12. Name..... Samuel Delauder

13. Birthplace..... Unknown

14. Maiden name..... Ida Hause

15. Birthplace..... Unknown

16. Informant..... Mrs. Cora Wolf

Address..... Hagerstown, Md.

17. Burial..... Date thereof.....

August 10, 1947
(month) (day) (year)

(Burial, cremation, or removal. Which?) Cemetery or crematory.....

Lutheran Cemetery

Location..... Leitersburg, Md.

18. Funeral director..... Scott F. Minnich & Son

Address..... Hagerstown, Md.

19. *Aug. 10. 1947* *Death Bowers*

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County WashingtonHagerstown Incorporated

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... 17 Winter Street

(If rural, give LOCATION)

2. (a) If veteran, name war.....

3. (b) Social Security Number

173-03-0292

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 8 1947 at 12:20 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 3-47 1947 to Aug 6-47 1947

and that I last saw him alive on Aug 5-47 1947

Immediate cause of death.....

Cannone Cleo

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

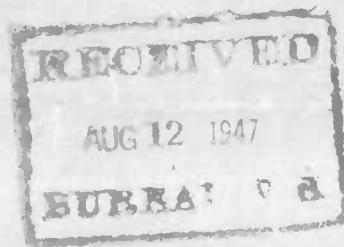
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... *J. Watts*

M. D. or.....

Address..... Hagerstown, Md. Date signed..... *Aug. 10. 1947*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

CERTIFICATE OF DEATH

198
07397

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County.....
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 19 months

Hospital, institution, or street address where death occurred:

339 Jefferson St.

How long in hospital or institution?

3. (a) FULL NAME

Susan R. Divens

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife. Jacob David. Divens

7. Birth date of deceased (mo., day, yr.) Sept. 16, 1873

6.(c) If alive, give age years

8. AGE: Years	Months	Days	If less than one day
75	10	28	hrs. min.

9. Birthplace Maryland
(Town, county, and state)

10. Usual occupation Home work

11. Industry or business

12. Name John L. Baughman

13. Birthplace Pennsylvania

14. Maiden name Susan Wolfe

15. Birthplace Pennsylvania.

16. Informant May Hose

Address Hagerstown, Md.

17. Burial Date thereof Aug. 16, 1947
(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory Rose Hill

Location Hagerstown

18. Funeral director Fred W. Kraiss.

Address Hagerstown

19. Aug. 15, 1947
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Washington

State..... County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

339 Jefferson

Street No. (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

August 13th 47 9¹⁵ P.M.

2D. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 1946 to Aug. 11, 1947

and that I last saw her alive on Aug. 11, 1947

Immediate cause of death Cerebral Hemorrhage

DURATION

14 day

Due to.

Due to.

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

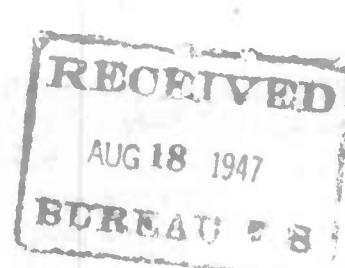
Injured at work?

23. SIGNATURE

P. B. Baughman, M.D.

M. D. or other

Address 148 W. Washington St. Date signed Aug. 15.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The corner
is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Welty 210

07398

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

302

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 32 Years
Hospital, Institution, or street address where death occurred:
347 S. Potomac St.
How long in hospital or institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 347 South Potomac St.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME
MRS GRACE JACOBS FEIGLEY

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced
Female White Married

6.(b) Name of husband or wife Harry A. Feigley

7. Birth date of deceased (mo. day. yr.) Feb. 23, 1896

8. AGE: Years Months Days If less than one day
51 6 1 hrs. min.

9. Birthplace Fairplay, Washington Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

MOTHER FATHER
12. Name William H. Jacobs
13. Birthplace Tilghmanton Md.

14. Maiden name Annie F. Showe
15. Birthplace Sharpsburg Md.

16. Informant Harry A. Feigley
Address Hagerstown Md.

17. Burial Date thereof 8/26/47
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman
Address Hagerstown Md.

19. Aug. 26. 47 Chaffinwood
(Date rec'd by registrar)

Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24 1947 at 130A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
July 9 1947 to Aug. 24 1947
and that I last saw her alive on August 19 1947

Immediate cause of death
Ventricular Fibrillation

Due to Hypertrophic Heart Disease
with anginal syndrome
6 years

Due to
Other conditions
(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.

Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

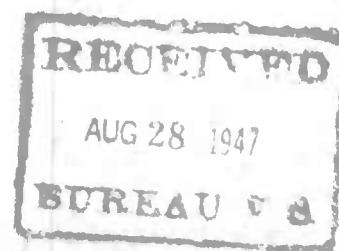
Accident, suicide, or homicide
Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Manner of injury
Injured at work?

23. SIGNATURE Dr. Welty, M.D.
(D.O. or other)
Address 998 Potomac Ave. Date signed 8/25/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

52 ax

CERTIFICATE OF DEATH

Reg. Dist. No. 302

07399

1. PLACE OF DEATH:
 County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death..... 35 years
 Hospital, institution, or street address where death occurred:
 606 West Church Street
 How long in hospital or institution?.....

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 606 West Church Street
 (If rural, give LOCATION)

3. (a) FULL NAME
 George Washington Flohr

3. (b) Social Security Number
 None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6. (b) Name of husband or wife..... Alice Duke Flohr

7. Birth date of deceased (mo., day, yr.)..... 6. (c) If alive, give age..... years
 March 16, 1870

8. AGE: Years	Months	Days	If less than one day
77	5	15	hrs. min.

9. Birthplace..... Thurmont, Maryland
 (Town, county, and state)

10. Usual occupation..... W. Md. R.R. Eng.

11. Industry or business

MOTHER FATHER
 12. Name..... William Flohr

13. Birthplace..... Adams County, Penna.

14. Maiden name..... Julia Manhertz

15. Birthplace..... Germany

16. Informant..... Mrs. L. E. Schindel

Address..... 606 W. CHurch St. Hagerstown,

17. Burial..... Date thereof..... Sept. 3, 1947
 (Burial, cremation, or removal. Which?)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Md.

18. Funeral director..... Fred W. Kraiss

Address..... Hagerstown, Md.

19. (Date rec'd by registrar)..... 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug. 31, 1947..... 19..... at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 May 20 1947 to Aug 31 1947
 and that I last saw him alive on Aug 30 1947

Immediate cause of death.....
 Carcinoma Left Kidney
 metastasis to liver

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State)

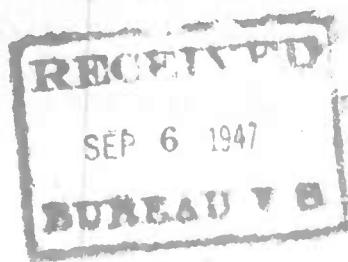
Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... H. H. Porterfield M.D.,
 M. D. or other

Address..... 136 W Washington

Date signed..... 8/2/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Wells 190

07400

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

872

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Funkstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 6 Years

Hospital, institution, or street address where death occurred:

State Highway

How long in hospital or institution? --

3. (a) FULL NAME

MISS DELORES FOX

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Single

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

September 27, 1909

6.(c) If alive, give age... years

8. AGE:

Years 37

Months 10

Days 12

If less than one day

hrs. 00

min. 00

9. Birthplace Hagerstown, Washington Co., Md.

(Town, county, and state)

10. Usual occupation House work

11. Industry or business Own Home

12. Name Robert L. Fox

13. Birthplace Sleepy Creek W. Va.

14. Maiden name Bettie Wertebaugh

15. Birthplace Clearspring Md.

16. Informant Mrs. Mary Browning

Address Hagerstown Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof 8/12/47

(month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Aug. 11, 1947

(Date rec'd by registrar)

S. Robert Bowers

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Funkstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. State Highway

(If rural, give LOCATION)

2.(a) If veteran, name war None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1947, at 10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... to 19...

and that I last saw him alive on 19...

Immediate cause of death

Unknown to be

Due to sent later

Died in convulsions; cause not

Due to revealed by autopsy. (9/24/47)

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op. Aug. 10, 47 at alone

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external cause, fill in the following:

Accident, suicide, or homicide No Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

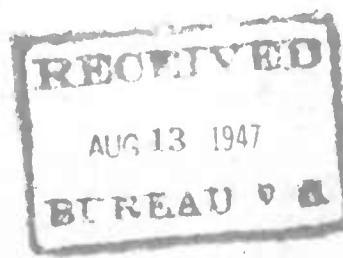
Name of Injury

Injured at work?

23. SIGNATOR J. Robert Wells DEPUTY MEDICAL EXAMINER

WASH. D. C. MD.

Address Hagerstown, Md. Date signed Aug. 11, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

157d

187

CERTIFICATE OF DEATH

07401

302

Reg. Dist. No.

1. PLACE OF DEATH: Washington
 County: Hagerstown Md.
 City or town: Hagerstown Md.
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?
 Hospital, Institution, or street address where death occurred: Washington County Hospital

How long in hospital or institution? 11 hrs. 5 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State: Penns County: Franklin
 City or town: Mercersburg Pa.
 (If outside city or town limits, write RURAL and give nearest town)

Street No.: R.D. 1
 (If rural, give LOCATION)

2.(a) If veteran, name war: ✓

3. (a) FULL NAME

Mary Ann Fritz

4. Sex: Female 5. Color or race: White 6.(a) Single, married, widowed, or divorced: Single

8. (b) Name of husband or wife: Charles Fritz

7. Birth date of deceased (mo., day, yr.): July 7-1942 6.(c) If alive, give age: years

8. AGE: 5 Years 1 Month 3 Days If less than one day: hrs. min.

9. Birthplace: Pa. Mercersburg Pa. (Town, county, and state)

10. Usual occupation: None

11. Industry or business: None

FATHER: 12. Name: Charles Fritz

13. Birthplace: Sylvan Pa.

MOTHER: 14. Maiden name: Clara Shoemaker

15. Birthplace: York. Co Md.

16. Informant: Charles Fritz

Address: Mercersburg Pa R.D. 1

17. Burial, cremation, or removal. Which? Burial Date thereof: Aug 12-47 (month) (day) (year)

Cemetery or crematory: Methodist Sylvan Pa.

Location: None

18. Funeral director: H. L. Klinger

Address: Mercersburg Pa

19. Date rec'd by registrar: Aug 10, 1947 Health Board

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 8-10 1947 at 2:05 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 9-5 1946 to 8-10 1947 and that I last saw her alive on 8-9 1947

Immediate cause of death: Malnutrition due to lack of mental development DURATION

Due to: Congenital Malformations of brain DURATION

Due to: None

Other conditions: None

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.: None

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of: None

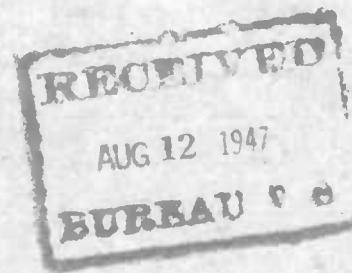
Where did injury occur? None (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) None

Means of injury: None Injured at work? None

23. SIGNATURE: S. Margaret Buehler A.D. M. D. or other

Address: 135 N. Potowmack St Hagerstown Md. Date signed: 8-10-47



07402

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

107

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington

County or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 Hours

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 12 Hours

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 513 Reynolds Ave

(If rural, give LOCATION)

None

3. (a) FULL NAME

DONNA LEE FUSS

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female white

Single

6. (b) Name of husband or wife

--

7. Birth date of deceased (mo., day, yr.)

May 7 1947

6. (c) If alive, give age -- years

8. AGE: Years

3

Months

7

Days

If less than one day

hrs. min.

9. Birthplace

Hagerstown Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Infant

11. Industry or business

William Alvin Fuss

MOTHER FATHER

12. Name

William Alvin Fuss

13. Birthplace

Waynesboro Pa.

14. Maiden name

Emma Grace Bowman

15. Birthplace

Hagerstown Md.

16. Informant

William Alvin Fuss

Address

Hagerstown Md.

17. Burial

Date thereof 8/17/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. Aug. 17 1947

(Date record by registrar)

Death Record

Registrar

23. SIGNATURE

Margaret Sullivan M.D.

M. D. or other

135 N. Potomac St Hagerstown

Date signed



Evidence for the change of
age is shown on
G 112 9/11/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

213
07403

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 6 months

3. (a) FULL NAME

Clarence S. Gardner

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Widower

6. (b) Name of husband or wife Bird M. Gardner

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) August 30, 1878

8. AGE: Years Months Days If less than one day

68

6/1

11

24

hrs. min.

9. Birthplace Harrisburg, Pa.

(Town, county, and state)

10. Usual occupation Retired Freight Agent

11. Industry or business

MOTHER FATHER 12. Name Lewis H. Gardner

13. Birthplace Not Known

14. Maiden name Laura E. Shelly

15. Birthplace Not Known

16. Informant Clarence S. Gardner, Jr.

Address Hagerstown, Maryland

17. Burial Date thereof 8-27-47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Aug. 26, 1947 Death Bowers

(Date rec'd by Registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 37 North Potomac Street

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

717-07-9533

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 24 1947 at 10:20 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

1-1-46 to Aug 24 1947

and that I last saw deceased alive on Aug 24 1947

Immediate cause of death

Due to

Cardio. Renal

Due to

Arteria

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. Suter
Hagerstown, Maryland

M. D. or

Address Date signed

RECEIVED

AUG 28 1947

BUREAU OF

Dir

Dr. H. T. Towns
S. W. Justice
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct type is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

51b X

074114

202

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 9 days

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital

How long in hospital or institution? 9 days

3. (a) FULL NAME

Edgar Clinton Gauer

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

Sadie Brook Gauer

6. (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

November - 8 - 1875

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

71

9

7

9. Birthplace

New Myersville Fred. Co. Md.

(Town, County, and state)

10. Usual occupation

Farmer

11. Industry or business

Oven Farm

12. Name

Elias Gauer

13. Birthplace

Fred. Co. Md.

14. Maiden name

Henrietta Shubert

15. Birthplace

Germany

16. Informant

Mrs. Sadie Gauer

Address

Middleton Md. R. 1.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 18, 1947

(month)

(day)

(year)

Cemetery or crematory

Lutheran Cemetery

Location

Middleton Md.

18. Funeral director

W. J. Best & Sons

Address

Baltimore Md.

19. (Date rec'd by registrar)

Aug. 18, 1947 H. G. Holloway

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Frederick

City or town Rural - Baltimore

Street No. Middletown R. 1

(If rural, give LOCATION)

2. (a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH Aug. 15 1947 at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

May 13 1946 to Aug. 15 1947

and that I last saw him alive on Aug. 15 1947

Immediate cause of death

coronary occlusion

DURATION

1 hour

Due to arteriosclerosis

10 yrs +

Due to

Other conditions carcinoma prostate

2 yrs +

(Include pregnancy within 3 months of death)

Major findings of operations carcinoma prostate

Date of op. May 18, 1946

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

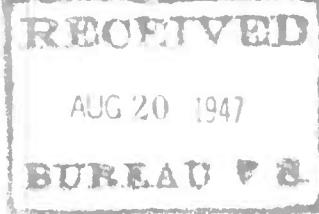
Means of injury

Injured at work?

23. SIGNATURE J. L. Houghton, M.D.

M.D. or other

Address Hagerstown Md. Date signed Aug. 15, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

07405
302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

Life

How long in above place of death?

Hospital, institution, or street address where death occurred:

1105 Fry Avenue

How long in hospital or institution?

3. (a) FULL NAME

Mary Jane Geary

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widow

6. (b) Name of husband or wife William E. Geary

6. (c) If alive, give age years

7. Birth date of deceased (mo. day, yr.) May 14, 1872

8. AGE: Years 75 Months 3 Days 11 If less than one day hrs. min.

9. Birthplace Hagerstown (Town, county, and state)

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER Israel B. Sechrist
12. Name Shrewsbury, York Co. Pa.
13. Birthplace14. Maiden name Mary J. Solomon
15. Birthplace New Berlin, Pa.

16. Informant Mrs. Cath. Anders

Address Hagerstown, Maryland

17. Burial Date thereof 8-28-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Aug. 26. 1947 Death record by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown (If outside city or town limits, write RURAL and give nearest town)

Street No. 1105 Fry Avenue

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 25 1947 at 11 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from October 13 1943, to Aug 25 1947 and that I last saw her alive on Aug 25 1947

Immediate cause of death

Coronary Thrombosis 8721747

Due to Hypertension 2
Arteriosclerosis 7

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

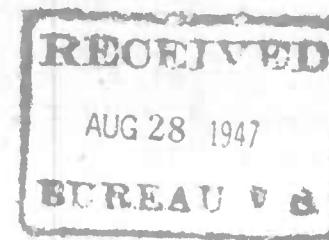
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE H. S. Porterfield M.D. M. D. or other

Address 136 W Washington 8721747 Date signed





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Check correct age
is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07406

CERTIFICATE OF DEATH

159

Reg. Dist. No. 307

1. PLACE OF DEATH: Washington
 County: District of Columbia

City or town: Sandy Hook (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 1 day

Hospital, Institution or street address where death occurred:

R.F.D. #1, Knoxville, Md.

How long in hospital or institution? _____

3. (a) FULL NAME

Billy Louis Greenwalt

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

August 22, 1941

6. (c) If alive, give age _____ years

8. AGE:

Years	Months	Days	If less than one day
0	0	0	hrs. 00 min. 00

9. Birthplace

Sandy Hook, Washington, Md.

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

None

12. Name

Harry Earlin Greenwalt

13. Birthplace

Johnson County, Virginia

14. Maiden name

Maguire

15. Birthplace

Pennsylvania

16. Informant

Harry E. Greenwalt

Address

Box 167, R.F.D. #1, Knoxville, Md.

17. Burial

Date thereof

(month) (day) (year)

August 23, 1947

Cemetery or crematory

Firts Cemetery

Location

Sandy Hook, Md.

18. Funeral director

Melvin F. Strider

Address

Charles Town, West Va.

19. (Date rec'd by registrar)

Aug 23 1947

Coroneline H. Castle

Deputy

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Washington

City or town: Sandy Hook (If outside city or town limits, write RURAL and give nearest town)

Street No. _____ (If rural, give LOCATION)

2.(a) If veteran, name war

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 23, 1947 at 12:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 22, 1947 to 10

and that I last saw him alive on Aug 22, 1947

Immediate cause of death

Pregnancy problems

Due to

Pneumonia

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

B. Greenwalt M.D.

M. D. or other

Address

Baltimore, Md. Date signed 8-23-47

RECEIVED

AUG 28 1947

BUREAU

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Dr. Hornbaker 07407

94a

CERTIFICATE OF DEATH

Reg. Distr. No. 302

1. PLACE OF DEATH:

Washington

County

Hagerstown Md.

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

30 Years

Hospital, institution, or street address where death occurred:

1800 Virginia Ave

How long in hospital or institution?

None

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County

Washington

City or town

(If outside city or town limits, write RURAL and give nearest town)

Street No.

1800 Virginia Ave

(If rural, give LOCATION)

None

2.(a) If veteran, name war

3. (a) FULL NAME

MRS NINA BAKER HELM

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

B. (b) Name of husband or wife

Bruce M.

6.(c) If alive, give age 71 years

7. Birth date of deceased (mo. day. yr.)

April 4 1880

8. AGE: Years

67

Months

3

Days

15

It less than one day

hrs.

min.

9. Birthplace

Keedysville Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Own Home

MOTHER FATHER

William O. Clopper

13. Birthplace

Rohrersville Md.

14. Maiden name

Susan Baker

15. Birthplace

Keedysville Md.

16. Informant

Bruce M. Helm

Address

Hagerstown Md.

17. Burial

Date thereof 8/21/47

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Rest Haven Cemetery

Location

Hagerstown Md.

18. Funeral director

Andrew K. Coffman

Address

Hagerstown Md.

19. Aug. 21. 1947

(Date rec'd by registrar)

G. Scott Powers

Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 19 1947

10.45 A

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

8/15 1947 to

8/19 1947

and that I last saw h. & t. alive on

8/19 1947

Immediate cause of death

acute coronary occlusion

DURATION

7 hours

Due to: atherosclerosis of coronary arteries

Indefinite - 1 year

Due to:

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results Not done

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John St. Horn Co. Inc. D. or other
154 W. Washington St. Hagerstown, Md. date signed 8/20/47

RECEIVED

AUG 23 1947

FEDERAL BUREAU OF INVESTIGATION

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

175a

07468

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County

WASHINGTON
HAGERSTOWN

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

LIFE

Hospital, Institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITAL

How long in hospital or institution?

1 HR.

3. (a) FULL NAME

Henry Hostetter

4. Sex

5. Color or race

Male

White

6.(a) Single, married, widowed, or divorced

SINGLE

6.(b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

APRIL 21, 1943

6.(c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

4

3

17

hrs.

min.

9. Birthplace

HAGERSTOWN WASH., MD.

(Town, county, and state)

10. Usual occupation

11. Industry or business

MOTHER FATHER

MENNO HOSTETTER

13. Birthplace

MAGOANSVILLE MD.

14. Maiden name

CLARA EBY

15. Birthplace

CEARFOSS MD.

16. Informant

MENNO HOSTETTER

Address

Hagerstown R.F.D. #6

17. BURIAL

Date thereof 8/11/47

(month) (day) (year)

(Burial, cremation, or removal. Which?)

Cemetery or crematory

REIFF CEMETERY

Location

WASH. COUNTY, MD.

18. Funeral director

W. J. Horment

Address

Hagerstown Md.

19. (Date record by registrar)

Aug. 9, 1947

Death, Burial,

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County

WASHINGTON

City or town MAGOANSVILLE

(If outside city or town limits, write RURAL and give nearest town)

Street No. HAGERSTOWN, MD.

R.F.D. #6

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

4458

MEDICAL CERTIFICATION

EDT

Aug/ 8/ 47 4:45P

20. DATE OF DEATH

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. to 19.

and that I last saw h. alive on

19.

Immediate cause of death

19.

Due to Fractured skull

(Closed)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

accident Date of Aug/8/47

Accident, suicide, or homicide

Hagerstown, Md. RFD Vi

Where did injury occur?

(City or town) Hagerstown, Md. (County) (State) Vi

Injured at home, farm, industry, public place (where?) Home, farm of father

Means of Injury fell off & run over by tractor

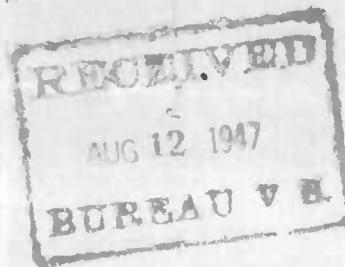
(Injured at work)

23. SIGNATURE S. Rohr-Weiss DEPUTY MEDICAL EXAM.

WASH. CO., MD.

M. D. or

Address Hagerstown, Md. Date signed Aug/8/47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1706

07409

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
 County: Hagerstown
 City or town:
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 11 days
 Hospital, institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution? 11 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)
 State: Maryland County: Washington
 City or town: Dargan
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.: Harpers Ferry W. Va. R.D. 1
 (If rural, give LOCATION)

3. (a) FULL NAME Theodore Taft L. Ingram
 4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Deletta Ingram
 7. Birth date of deceased (mo. day. yr.) Feb. 21, 1911
 8. AGE: 36 Years 6 Months 1 Days It less than one day hrs. min.
 9. Birthplace Dargan, Washington Co., Md.
 (Town, county, and state)
 10. Usual occupation Brakeman
 11. Industry or business Baltimore & Ohio R. R.
 MOTHER FATHER
 12. Name George Ingram
 13. Birthplace Williamsport, Md.
 14. Maiden name Estella Johnson
 15. Birthplace Washington Co., Md.
 16. Intertant Mrs. Ingram (wife)
 Address Harpers Ferry, W. Va. R. D. 1
 17. Burial Samples Manor Cemetery
 (Burial, cremation, or removal, Which?) Date thereof 8/24/1947
 Cemetery or crematory Samples Manor, Md.
 Location Samples Manor, Md.
 18. Funeral director M. T. Strider
 Address Charles Town, W. Va.
 19. Date rec'd by registrar Aug. 27, 1947 Charles Town, W. Va.
 Registrar Charles Town, W. Va.

2.(a) If veteran, name war

3. (b) Social Security Number
220-09-7472

MEDICAL CERTIFICATION

20. DATE OF DEATH August 22, 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19. to 19. and that I last saw h. alive on 19.

Immediate cause of death

Uremia and Laceration of liver with peritonitis

Due to:

Due to:

Other conditions

(Include pregnancy within 3 months of death)

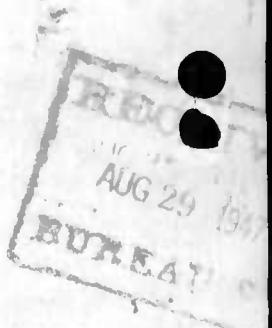
Major findings of operations

Date of op.

Autopsy results Peritonitis-Laceration of liver and lung
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of 8/11/1947Where did injury occur? Public Road Wash. Md. (City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public RoadMeans of injury Auto Accident Injured at work? No.23. SIGNATURE J. W. LatAddress Harpers Ferry, W. Va. Date signed Aug. 27, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Laynan 193

07410

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 3 Weeks

Hospital, institution, or street address where death occurred:

824 Pope Ave.

How long in hospital or institution? M-

3. (a) FULL NAME

MRS REBECCA COATES KERNS

4. Sex

5. Color or race
Female White Married

6. (b) Name of husband or wife Harry W. Kerns Sr.

7. Birth date of deceased (mo., day, yr.)
March 7, 1886

8. AGE: Years Months Days If less than one day
61 5 2 hrs. min.

9. Birthplace Bunker Hill, Berkley Co., W. Va.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name Abraham P. Coates

13. Birthplace Bunker Hill W. Va.

14. Maiden name Mary A. Jenkins

15. Birthplace Winchester Va.

16. Informant Harry W. Kerns Sr.

Address Hagerstown Md.

17. Burial Date thereof 8/12/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Aug. 12, 1947
(Date recd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. 824 Pope Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war. None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2d. DATE OF DEATH Aug 9, 1947, at 4:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 5, 1943, to Aug. 9, 1947, and that I last saw her alive on Aug. 9, 1947.

Immediate cause of death
Arterio-sclerotic myocardial
heart disease

Due to: Auricular fibrillation
Cerebral embolus

Due to: Nodular goiter (non-toxic)

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations: None

Date of op.

Autopsy results: None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: No Date of

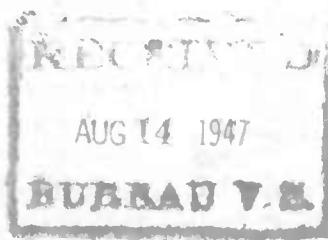
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE J. Robert Wells, M.D.

Address Hagerstown, Md. Date signed 8/12/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

07411

CERTIFICATE OF DEATH

Reg. Dist. No.

306

5-8
 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: Washington
 County: Pearl County and
 City or town: Wash. D.C. (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 31 yrs
 Hospital, Institution, or street address where death occurred: —
 How long in hospital or institution? —

3. (a) FULL NAME

Dara, Ervin, Kuhn

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife Jennie May Kuhn
 7. Birth date 7-18-1876 deceased (mo. day) deceased (mo. day) 7-18-1947
 6. (b) If alive, give age 70 — years

8. AGE: Years 70 Months 10 Days 15 If less than one day
 — hrs. — min.

9. Birthplace Near Garfield, Fred Co. Ind.
 (Town, county, and state)

10. Usual occupation Farmer.

11. Industry or business —

MOTHER FATHER
 12. Name Benton Kuhn
 13. Birthplace Near Garfield, Fred Co. Ind.

14. Maiden name Rebecca Forrest
 15. Birthplace Fredrich Co. Ind.

16. Informant Jennie May Kuhn
 Address Wash. D.C.

17. Burial Burial Date thereof 8-6-1947
 (Burial, cremation, or removal; When?) (month) (day) (year)

Cemetery or crematory Pleasant Valley Cemetery
 Location Pleasant Valley

18. Funeral director Geo. B. Hobson
 Address Smithsburg, Md.

19. Date rec'd by registrar Aug 5 1947
 (Date rec'd by registrar) Geo. W. Ferguson
 Registrar George W. Ferguson

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Wash.
 City or town Pearl County and
 Street No. Wash. (If outside city or town limits, write RURAL and give nearest town)
 (If rural, give LOCATION)

2. (a) If veteran, name war none

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 3 1947 a.m.
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 3 1947 to Aug 3 1947
 and that I last saw him alive on Aug 3 1947
 Immediate cause of death Coronary thrombosis
 Due to arteriosclerosis 60 yrs
 Due to —
 Other conditions —

(Include pregnancy within 8 months of death)

Major findings of operations — Date of op. —
 Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide. Date of —

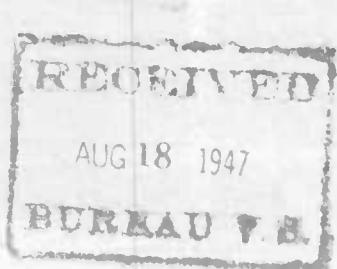
Where did injury occur? — (City or town) — (County) — (State) —

Injured at home, farm, industry, public place (where?) —

Means of injury — Injured at work? —

23. SIGNATURE G. G. Kuhn M. D. Ortho

Address Smithsburg Date signed Aug 7 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1318

07412

CERTIFICATE OF DEATH

Reg. Dist. No. 302

226

1. PLACE OF DEATH:

County: WASHINGTON

City or town: HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

50 YRS.

How long in above place of death?

Hospital, institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITAL

How long in hospital or institution?

1 DAY

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: MARYLAND

County: WASHINGTON

City or town: HAGERSTOWN

(If outside city or town limits, write RURAL and give nearest town)

Street No. 238 KUHN AVE.

(If rural, give LOCATION)

2. (a) If veteran, name war: WORLD WAR #1

3. (a) FULL NAME

JESSE THOMAS

4. Sex

5. Color or race

B. (a) Single, married, widowed, or divorced

MALE

WHITE

SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

AUGUST 7, 1894

6. (c) If alive, give age years

8. AGE:

53 0 24 hrs. min.

9. Birthplace

RANKE, RANKE, VIRGINIA

(Town, county, and state)

10. Usual occupation

CARPENTER

11. Industry or business

SELF EMPLOYED

12. Name

JOHN R. KUHN

13. Birthplace

MARYLAND

14. Maiden name

MARY L. BLOOM

15. Birthplace

HAGERSTOWN, MD.

16. Informant

HARRY KUHN

Address

621 S. Main St., Hagerstown, MD.

17. BURIAL

Date thereof: 1931 (month) (day) (year)

Cemetery or crematory

ROSE HILL

Location

HAGERSTOWN, MD.

18. Funeral director

W. J. Norment

Address

Hagerstown, MD.

19. (Date rec'd by registrar)

Sept. 2, 1947 - Chaff, lowered

Registrar

3. (b) Social Security Number

220-09-7104

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 31, 1947, at 2:00 AM

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

Aug 27, 1947, to Aug 31, 1947

and that I last saw h. b. alive on Aug 30, 1947

1947

Immediate cause of death

Acute hepatitis

DURATION

6 days

Due to

Due to

Other conditions

Acute hepatitis

Acute hepatitis

?

?

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

H. J. Norment, MD

M. D. or other

Address: 1540 W. Diamond St., Hagerstown, MD.

Date signed: 9/3/47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1356

07413

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 57 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 1 day

3. (a) FULL NAME

HARRY E. MALOY

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6. (b) Name of husband or wife Nora Maloy

7. Birth date of deceased (mo., day, yr.) Sept. 24, 1890

8. AGE: Years 57 Months 11 Days 1 If less than one day hrs. min.

9. Birthplace Franklin Co., Pa. (Town, county, and state)

10. Usual occupation Roofer

11. Industry or business

12. Name Calvin Maloy

13. Birthplace Franklin Co., Pa.

14. Maiden name Frances Gossard

15. Birthplace Franklin Co., Pa.

18. Informant Mrs. Charles Householder

Address 329 N. Locust St. Hagerstown, Md.

17. Burial Date thereof Aug. 28-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory Rose Hill Cemetery
Location Hagerstown, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Aug. 28, 47 6:30 P.M.
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. 329 N. Locust Street
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25, 1947 19. at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
August 25, 1947, to August 25, 1947,
and that I last saw him alive on August 25, 1947.

Immediate cause of death

Acute Detoxication of Hash

DURATION

Initial
Initial

Due to

Shock

Initial
Initial

Due to

Acute Detoxication of Hash

10 hours

Other conditions

Not Treated -

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

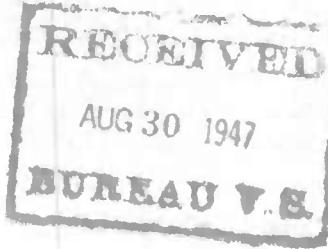
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Hagerstown, Md. Date signed 8/25/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

121

CERTIFICATE OF DEATH

07414

302

Reg. Dist. No.

1. PLACE OF DEATH:

County

WASHINGTON
HAGERSTOWN

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

1 WEEK

Hospital, institution, or street address where death occurred:

WASHINGTON COUNTY HOSPITAL
1 WEEK

How long in hospital or institution?

3. (a) FULL NAME

JACOB S. MARTIN

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

MALE WHITE

SINGLE

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

MAY 28, 1896

6. (c) If alive, give age years

8. AGE:

Years Months Days If less than one day
51 2 24 hrs. min.

9. Birthplace

LEITERSBURG, WASH., MD.
(Town, county, and state)

10. Usual occupation

FARMER

11. Industry or business

12. Name DANIEL W. MARTIN

13. Birthplace WASHINGTON COUNTY, MD.

14. Maiden name REBECCA SHANK

15. Birthplace GREENCASTLE, PA.

16. Informant Lesley S. Martin

Address MORGANSVILLE, MD.

17. BURIAL

Date thereof 8/24/47
(month day year)

Cemetery or crematory REIFF CEMETERY

Location HAGERSTOWN, CO. OF HAG.

18. Funeral director W. T. MORTAMENT

Address HAGERSTOWN, MD.

19. Date rec'd by registrar Aug 28, 1947

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State MARYLAND

County

WASHINGTON

City or town MORGANSVILLE

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

NON-VET

3. (b) Social Security Number

NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug 22 1947 at 12:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 15, 1947, to Aug 22, 1947.

and that I last saw deceased alive on Aug 21, 1947.

Immediate cause of death

Appendicitis

DURATION

7 days

Due to

Ch. Myocarditis

Due to

extreme, when

3 yrs

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

Completed

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

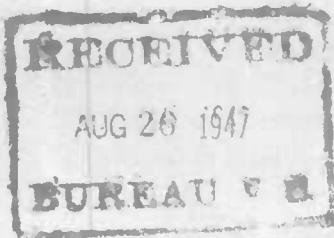
23. SIGNATURE

DW Dickey

M. D. or other

Address Hagerstown, MD.

Date signed Aug 28, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

191

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 183

CERTIFICATE OF DEATH

07415

Reg. Dist. No. 302

1. PLACE OF DEATH: Washington
County: Rural Hagerstown
City or town: (If outside city or town limits, write RURAL and give nearest town) Unknown
How long in above place of death?.....
Hospital, institution, or street address where death occurred: Antietam Creek
How long in hospital or institution?.....

3. (a) FULL NAME

Talpherd Harne Mc. Dowell

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) August 29, 1919
6. (c) If alive, give age..... years

8. AGE: Years	Months	Days	If less than one day
27	11	24 hrs. min.

9. Birthplace: Funkstown Wash. Md.
(Town, county, and state)

10. Usual occupation: Section Crew

11. Industry or business: W.M.R. Road

12. Name: John J. Mc. Dowell

13. Birthplace: Phila. Pa.

14. Maiden name: Rae C. Harne

15. Birthplace: Funkstown Md.

16. Informant: Mrs. Rae H. Troye

Address: Hagerstown Md.

17. Burial: Burial Date thereof: 8-16-47
(Burial, cremation, or removal. Which?)

Cemetery or crematory: Funkstown

Location: Funkstown Md.

18. Funeral director: Scott F. Minnich & Son

Address: Hagerstown Md.

19. Aug 15 1947

(Date recd. by registrar)

Signature: *Robert Wells*

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Washington
City or town: Hagerstown
(If outside city or town limits, write RURAL and give nearest town) 506 N. Mulberry St.
Street No: (If rural, give LOCATION) -----

2. (a) If veteran, name war.....

3. (b) Social Security Number

219-05-2471

MEDICAL CERTIFICATION EDT

20. DATE OF DEATH: August 13 1947 5:50P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h. alive on 19. to 19.

Immediate cause of death.....

Suffocation by drowning

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results: No

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: accident Date of 8/13/47

Where did injury occur? Near Hagerstown Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Antietam Creek

Means of injury: Drowned

Injured at work? No

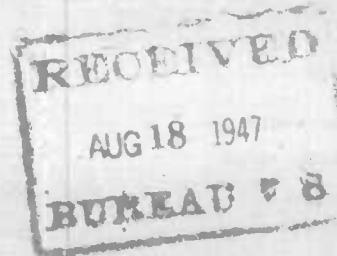
DEPUTY MEDICAL EXAM.

Robert Wells WASH. CO., MD.

M. D. or M.B.B.S.

Date signed 8-17-47

Address: Hagerstown, Md.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9

07416

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH:

County

Washington

City or town

Highfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Entire life

Hospital, Institution, or street address where death occurred

How long in hospital or institution?

3. (a) FULL NAME

Glen Thomas Mc Glaughlin

3. (b) Social Security Number

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White Single

MEDICAL CERTIFICATION

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

March 31 1914

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Highfield Md

(Town, county, and state)

10. Usual occupation

None

11. Industry or business

Charles H Mc Glaughlin

12. Name

Fairfield Perma

13. Birthplace

Fairfield Perma

14. Maiden name

Audra Smith

15. Birthplace

Blue Ridge Summit Pa

16. Informant

Mrs Charles Brown

Address

Highfield Md

17. Burial

Date thereof 8-22-1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Bethel Cemetery

Location

Near Cascade Md

18. Funeral director

Walter Y Grove

Address

Waynesboro Penna

19. Date ready by registrar

Aug 22 1947

(Date ready by registrar)

Geo. W. Ferguson

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md

County

Washington

City or town

Highfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2. (a) If veteran, name war

20. DATE OF DEATH

8-21-1947

12 10 - 32829147

and that I last saw her alive on

Immediate cause of death

8/19/47

Lobar pneumonia

Due to

Lobar pneumonia

Due to

Lobar pneumonia

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

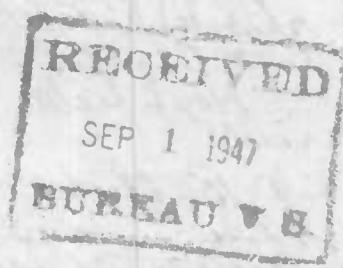
Injured at work?

23. SIGNATURE

M. D. or other

Address

Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

56
07417
304

CERTIFICATE OF DEATH

170d
38
Reg. Dist. No.

1. PLACE OF DEATH:

County Washington
City or town Hancock

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? passing through

Hospital, Institution, or street address where death occurred:

How long in hospital or institution? —

3. (a) FULL NAME

Floyd E. Mester

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Irene (Wivick) Mester

7. Birth date of deceased (mo., day, yr.) April 5, 1909 6. (c) If alive, give age 32 years

8. AGE: Years 38 Months Days If less than one day hrs. min.

9. Birthplace El Dorado, Penn. (Town, county, and state)

10. Usual occupation Soldier

11. Industry or business U. S. Army Air Corps

12. Name B. W. Mester

13. Birthplace Unknown

14. Maiden name Nettie Pittsley

15. Birthplace Unknown

16. Informant Irene Mester

Address Homewood R. D. #2, Penn.

17. Burial Burial Date thereof Sept 2, 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Circle Hill Crem.

Location Pennsylvania Penn.

18. Funeral director Richards & Bass

Address 78 Hancock Maryland

19. 8-30-47 (Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Penn. County Indiana

City or town Homewood City (If outside city or town limits, write RURAL and give nearest town)

Street No. R. D. II (If rural, give LOCATION)

2. (a) If veteran, name war World War II

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 29-47 19 at 11:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug 29-47 19 Aug 29-47 19

and that I last saw him dying on Aug 29-47 19

Immediate cause of death

Feverish chills

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

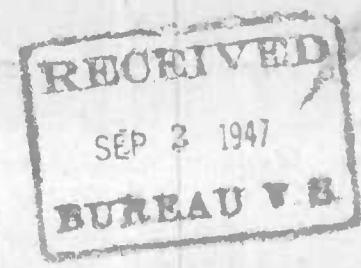
Where did injury occur? Homewood Date of Aug 29-47
(City or town) County Indiana (State)

Injured at home, farm, industry, public place (where?) Highway # 522

Means of injury Motorcycle Injured at work? No

23. SIGNATURE

Address Hagerstown Maryland Date Signed Oct 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. In case of death, clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

97

07418
3/16

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County

Washington

City or town

Kedzysville Rural

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

15 years

Hospital, Institution, or street address where death occurred:

Kedzysville Md.

How long in hospital or Institution?

at Home

3. (a) FULL NAME

Enola Glenn Miller

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female

white

Single

6. (b) Name of husband or wife

Single

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

October - 5 - 1864

8. AGE:

Years

Months

Days

If less than one day

82

10

26

hrs.

min.

9. Birthplace: New Sharptown, Wmsh. Co. Md.

(Town, county and state)

10. Usual occupation:

None

11. Industry or business

12. Name: Benjamin Miller

13. Birthplace: Pennsylvania

14. Maiden name: Matilda Ecker

15. Birthplace: Fred. Co. Md.

16. Informant: Mrs. Howard Burtner

Address: Kedzysville Md. R.F.D.

17. Burial: Date thereof: Sept. 3, 1947

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory: Rose Hill Cemetery

Location: Hagerstown Md.

18. Funeral director: Elmer J. Baetz & Sons

Address: Boonsboro Md

Sept. 3, 1947, R. H. Geeting

Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland

County

Washington

City or town: Kedzysville

Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.: Kedzysville Md.

(If rural, give LOCATION)

2. (a) If veteran, name war:

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH:

August 31st

1947, at 11:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

August 8th, 1947, to August 31st, 1947and that I last saw her alive on August 8th, 1947.

Immediate cause of death:

Asthma, Pneumonia

DURATION

2 years

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of...

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

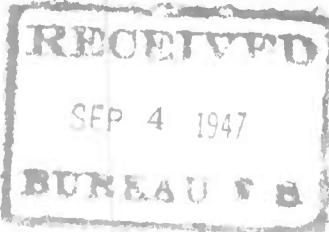
Injured at work?

23. SIGNATURE:

Albert Trade, M.D.

M. D. or other

Address: Boonsboro, Md. Date signed: 9/2/47



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07419

CERTIFICATE OF DEATH

Reg. Dist. No.

302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 days.

Hospital, institution, or street address where death occurred:

Wash. Co. Hospital
How long in hospital or institution? 4 Days.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town near Burnside Bridge Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. Sharpsburg Md. R. I.

(If rural, give LOCATION)

2.(a) If veteran, name war World War One

3. (a) FULL NAME

Noah Washington Mills

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Mable Mills

7. Birth date of deceased (mo., day, yr.) July - 7 - 1889

8. AGE: Years 58 Months 1 Days 5 hrs. min.

9. Birthplace Garrett Mills Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Farmer

11. Industry or business

12. Name Andrew J. Mills

13. Birthplace Virginia

14. Maiden name Annie Pfeiferger

15. Birthplace Hagerstown Md.

16. Informant Mrs. Mable Mills

Address Sharpsburg Md.

17. Burial Date thereof Aug. 15, 1947
(Burial, cremation, or removal. Which?)

Cemetery or crematory Mountain View Cemetery

Location Sharpsburg Md.

18. Funeral director C. W. J. Bart & Son

Address Bismarck Md.

19. Aug. 14, 1947 Death place

(Date rec'd by registrar)

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH Tuesday 12 Aug 1947 at 8:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8 Aug 1947 to 12 Aug 1947

and that I last saw h. m. alive on 12 August 1947

Immediate cause of death Congestive heart failure

Duration 5 days

Due to Hypertension cardio-vascular and cerebral

Due to

Other conditions Nervous

Duration 2 days

(Include pregnancy within 3 months of death)

Major findings of operations.

Autopsy results

PHYSICIAN: Please state the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE

W. J. Laymon, M.D.

M. D. or other

Address 100 Professional St. Bldg. 1940 1947

Date signed

RECEIVED

AUG 18 1947

BUREAU F B I

PLEASE WRITE PLAINLY WITH UNEADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07420

932

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

45 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

3. (a) FULL NAME

Maude B. Miner

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Lewis Miner

7. Birth date of deceased (mo. day. yr.)

Aug. 26, 1890

6. (c) If alive, give age years

8. AGE:

Years
57Months
0Days
0

If less than one day

hrs.

min.

9. Birthplace

Washington Co. Md.

(Town, county, and state)

10. Usual occupation

Home Duties

11. Industry or business

MOTHER FATHER

Name Harry Cantner

MOTHER

Name Franklin Co. Pa.

FATHER

Name Eliza Vandrew

14. Maiden name

Name Franklin Co. Pa.

15. Birthplace

Name

16. Informant

Name Lewis Miner

Address Reossner Ave. Ext. Hagerstown, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 28, 1948
(month) (day) (year)

Cemetery or crematory

Name Rose Hill Cemetery

Location

Name Hagerstown, Md.

18. Funeral director

Name Fred W. Kraiss

Address

Name Hagerstown, Maryland.

Aug. 28, 1947
(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)

Street No. Roessner Ave. Ext.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

Aug. 25 (1947) 1947 to Aug. 25 1947

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

June 1 1947

to Aug. 25 1947

and that I last saw him alive on Aug. 25 (1947)

1947

Immediate cause of death

Coronary occlusion

DURATION

Due to

Myocarditis Chanc. 3 mos

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Williamsport, Md. Date signed 9/28

RECEIVED

AUG 30 1947

BUREAU F.B.I.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07421

CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH:

Washington

County

Tilghmanton

City or town

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

60 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nannie Line Moats

4. Sex

Female

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or ~~XX~~

William A. Moats

7. Birth date of deceased (mo., day, yr.)

August 9, 1877

6. (c) If alive, give age

68

years

8. AGE:

Years

70

Months

0

Days

8

If less than one day

.....hrs.min.

9. Birthplace

Keedysville-Wash.-Maryland

(Town, county, and state)

10. Usual occupation

Home Duties

11. Industry or business

MOTHER FATHER

Samuel Line

12. Name

Unknown

13. Birthplace

Alice Palmer

14. Maiden name

Unknown

15. Birthplace

Mr. William A. Moats

16. Informant

Tilghmanton, Maryland

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 20, 1947

(month) (day) (year)

Cemetery or crematory

Manor

Location

Near-Tilghmanton

18. Funeral director

R. I. Earnshaw

Address

Keedysville, Maryland

19. Aug. 20.

(Date rec'd by registrar)

19. 47

(Date)

John W. Bass

Registrar

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County Washington

City or town Tilghmanton

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 17, 1947, at 3:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 10, 1947, to Aug. 17, 1947, and that I last saw her alive on Aug. 16, 1947.

Immediate cause of death

Cardio-Renal Vasculon Disease, 5 yrs.

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John W. Bass, M.D.

M.D. or other

Address

Brownsboro,

Date signed

8/18/47

RECEIVED

AUG 21 1947

BUREAU D B



PLAQUE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

218

CERTIFICATE OF DEATH

07422

302

Reg. Dist. No.

309

1. PLACE OF DEATH:

County Washington
City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

40 years

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital
2 hours

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. Y.M.C. A. Hagerstown, Md.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number
220-09-7700

3. (a) FULL NAME

Roy L. Moats

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Letha I. Moats

7. Birth date of deceased (mo., day, yr.) Feb. 23, 1891

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
56 6 3 hrs. min.9. Birthplace Tilghamanton, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name Moats
13. Birthplace Md.14. Maiden name Unknown
15. Birthplace16. Informant Mrs. Lillian Marshall
Address Hagerstown, Md.17. Burial Date thereof Aug. 28, 1947
(Burial, cremation, or removal. Which?)

Cemetery or crematory Manor Cemetery

Location Tilghamanton, Md.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Md.

19. Date rec'd by registrar Aug. 28, 1947
Signature of Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 25 1947 at 11:35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 6 1947 to August 25 1947 and that I last saw him alive on August 25 1947

Immediate cause of death

Coronary occlusion

Due to Coronary sclerosis

Due to Syphilis

Other conditions

(Include pregnancy within 3 months of death)

Major findings at operation None

Autopsy results None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE P. B. Lovrent M. S. M. D. or other

Address Hagerstown, Md. Date signed 8/27/47

RECEIVED

AUG 30 1947

BUREAU V A

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07423

36

302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Rural Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

About 10 miles west of Hagerstown on Rt. 40

How long in hospital or institution?

3. (a) FULL NAME

James Alan Morris, Jr

4. Sex

M

5. Color or race

W

6.(a) Single, married, widowed, or divorced

single

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo. day, yr.)

June 25, 1940

8. AGE:

Years
7Months
1Days
27

If less than one day

hrs.

min.

9. Birthplace Cumberland, Allegany, Md.

(Town, county, and state)

10. Usual occupation

Child

11. Industry or business

School

MOTHER FATHER

12. Name James A. Morris, Sr.

13. Birthplace Davis, W. Va.

14. Maiden name Jean McGee

15. Birthplace Cumberland, Md.

16. Informant James A. Morris, Sr.

Address 565 Patterson Ave., Cumberland, Md.

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 25, 1947

(month)

(day)

(year)

Cemetery or crematory Rose Hill Cemetery

Location Cumberland, Md.

18. Funeral director

John J. Hafner

Address Cumberland, Md.

Aug. 25, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md

County Allegany

City or town Cumberland

(If outside city or town limits, write RURAL and give nearest town)

Street No. 565 Patterson Ave.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

Jone

MEDICAL CERTIFICATION

20. DATE OF DEATH

August 22, 1947, at 5:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19.

to

19.

and that I last saw him alive on

Immediate cause of death

Acute Anterior

Bulbar Poliomyelitis

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Gulley B. Whitworth

M. D. or other

Address Cumberland, Md. Date signed 9-1-47



CH.O.
COPY SENT TO LOCAL REGISTRAR NO _____ DATE 9/5/47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

117a

211
07425

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH:

County Washington County

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 178 hours

Hospital, Institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 8 hrs.

3. (a) FULL NAME

Mr. Harry Alfred Moudy

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Estella Forsythe Moudy

7. Birth date of deceased (mo., day, yr.) Sept 5 1884

8. AGE: Years Months Days If less than one day
62 11 22 hrs. min.9. Birthplace Williamsport, Maryland
(Town, county, and state)

10. Usual occupation House Painter

11. Industry or business Painting

12. Name Winton Moudy

13. Birthplace Williamsport, Md.

14. Maiden name Elizabeth Davis

15. Birthplace Williamsport, Maryland

16. Informant Estella Moudy

Address Williamsport, Md.

17. Burial Date thereof Aug. 28 1947
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Riverview Cemetery

Location Williamsport, Maryland

18. Funeral director Edith V. Leaf

Address #7 Church St. Williamsport, Md.

19. Aug. 26. 1947 Death Certificate
(Date read by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Williamsport, Maryland
(If outside city or town limits, write RURAL and give nearest town)Street No. Greencastle Pike
(If rural, give LOCATION)

2. (a) If veteran, name war None

3. (b) Social Security Number

219-20-4438

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 24 1947 at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 20 1947, to Aug. 24 1947

and that I last saw him alive on Aug. 24 1947

Immediate cause of death

Influenza
Pneumonia

Due to

Due to

Other conditions

Influenza

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Bookkeeper
Address Williamsport, Md. M. D. or other
Date signed 9/20/46

RECEIVED

AUG 28 1947

BUREAU # 8

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

07424

164d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington
County.....
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?.....
Hospital, institution, or street address where death occurred:.....
Washington County Hospital
How long in hospital or institution?..... 1 hour

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland..... County..... Washington
City or town.....
(If outside city or town limits, write RURAL and give nearest town)
Street No. 226 Alexander Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

214-09-6166

3. (a) FULL NAME

Enoch E. Mundey

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Married

6.(b) Name of husband or wife..... Lena E. Mundey

6.(c) If alive, give age..... 32 years

7. Birth date of deceased (mo. day, yr.)..... October 10, 1906

8. AGE: Years Months Days If less than one day
40 9 17 hrs. min.9. Birthplace..... Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation..... Dental Technician

11. Industry or business..... Hartshorne Laboratory

12. Name..... George Mundey

13. Birthplace..... Washington County

14. Maiden name..... Annie Utz

15. Birthplace..... New Windsor, Maryland

16. Informant..... Mrs. Enoch E. Mundey

Address..... Hagerstown, Maryland

17. Burial..... Date thereof..... 8-8-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... C. M. Suter & Sons

Address..... Hagerstown, Maryland

19. Date rec'd by registrar..... Aug. 8. 1947 *Death Bowers*
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION EDT

20. DATE OF DEATH..... August 6, 1947, at 2:10P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from

19. to 19.

and that I last saw h. alive on

Immediate cause of death.....

Hemorrhage & shock
(exsanguination)

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations..... None

Date of op.

Autopsy results..... no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Suicide Date of 8/6/47

Where did injury occur?..... Hagerstown Wash. Md.

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)
cut left radial artery, razor blade
Means of Injury..... Injured at work?23. SIGNATURE..... *Robert Wells* DEPUTY MEDICAL EXAM.
Address..... Hagerstown, Maryland WASH. CO., MD.
M. D. 8/7/47

Date signed 8/7/47





PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct and especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

111c

180
07427

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

427 Mechanic St.

How long in hospital or institution?

3. (a) FULL NAME

Robert L. Ragland

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

male

white

married

6. (b) Name of husband or wife

Jane Ragland

7. Birth date of deceased (mo., day, yr.)

Nov. 6, 1913

6. (c) If alive, give age years

8. AGE: Years

Months

Days

11 less than one day

33

8

27

hrs.

min.

9. Birthplace

Nelson County, Virginia
(Town, county, and state)

10. Usual occupation

Employee of W.O.W.

11. Industry or business

Peter Ragland

12. Name

Virginia

13. Birthplace

Mattie Vie.

14. Maiden name

Virginia

15. Birthplace

Harry Ragland

16. Informant

Hagerstown

Address

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 5, 1947
(month) (day) (year)

Cemetery or crematory

Rose Hill Cemetery

Location

Hagerstown, Md.

18. Funeral director

Fred W. Kraiss

Address

Hagerstown, Md.

19. Aug. 5, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland

County

Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 427 Mechanic St.

(If rural, give LOCATION)

2. (a) If veteran, name war

2nd World War

3. (b) Social Security Number

214/09/2744

MEDICAL CERTIFICATION 2nd 30

20. DATE OF DEATH August 2, 1947 at P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

19

and that I last saw him alive on

19

Immediate cause of death

will be sent later after

Due to report of chemical analysis of organs

Due to

Terminal hypostatic pneumonia

Cause not revealed by autopsy

9/24/47
as

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

S. Robert Wells DEPUTY MEDICAL EXAM,

WASH. CO., MD.

M. D.

Hagerstown, Md. Date signed 8/4/47



1 PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age. Physicians: please write the causes of death clearly and legibly. It is especially important.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

94a

67428

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 2 weeks

3. (a) FULL NAME

Ada R. Randall

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Female White Widow

6. (b) Name of husband or wife Charles W. Randall

7. Birth date of deceased (mo. day, yr.) August 3, 1890

8. AGE: Years Months Days It less than one day
57 0 5 hrs. min.9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business

12. Name George H. Warner

13. Birthplace Hagerstown, Maryland

14. Maiden name Anna F. Martin

15. Birthplace Greencastle, Pa.

16. Informant Mrs. William Hays, Jr.

Address Hagerstown, Maryland

17. Burial Date thereof 8-11-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Aug 11, 1947 G. H. Randall, M.D.
(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 54 Elizabeth Street
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

220-26-5931

MEDICAL CERTIFICATION

20. DATE OF DEATH 8 Aug 1947, at 1:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

11 July 1947, to 8 Aug 1947, and that I last saw her alive on 8 Aug 1947.

Immediate cause of death

Coronary thrombosis

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

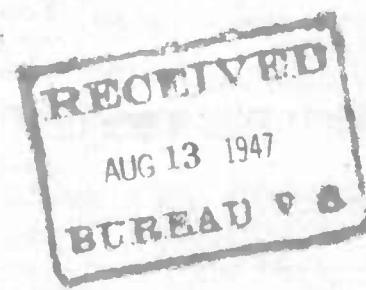
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G. H. Randall, M.D.
M. D. or other

Address 115 W. Washington St. Date signed 9 Aug 47

Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

44

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

67429

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

Washington
County.....
Big Pool
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

35 years

How long in hospital or institution?

3. (a) FULL NAME

John D. Riser

3. (b) Social Security Number
None

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Widowed

6. (b) Name of husband or wife

Rebecca Riser

6. (c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)

Sept. 12, 1856

8. AGE:

Years
90Months
11Days
6If less than one day
..... hrs. min.

Wash. Co., Md.

9. Birthplace

(Town, county, and state)

10. Usual occupation

B. and O. R. R. Employee
Retired

11. Industry or business

William Riser

12. Name

Wash. Co., Md.

13. Birthplace

Elizabeth Myers

14. Maiden name

Allegheny Co., Md.

15. Birthplace

16. Informant

Mrs. L. G. Repp

Address

Big Pool, Md.

17. Burial

Aug. 20-47

(Burial, cremation, or removal. Which?)

Date hereof..... (month) (day) (year)

Cemetery or crematory

Shanktown Cemetery

Location

Near Big Pool, Md.

18. Funeral director

Snyder-Rowland Funeral Home

Address

Clear Spring, Md.

19. Aug. 20

(Date rec'd by registrar)

19. 47

19. 47

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Washington

State..... County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE OF DEATH

Aug. 18, 1947

19. 2:00

A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1947, to Aug. 18, 1947
and that I last saw him alive on Aug. 17, 1947.

Immediate cause of death

Chr. Myocardial Sclerosis

2 yrs.

Due to

Arterio Sclerosis

Due to

Arterio Sclerosis

10 yrs.

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

David P. Brewer M.D.

M. D. or other

Address: Josephine Murray Clear Spring Md. Date signed 8/20/47

RECEIVED

AUG 23 1947

BUREAU F.B.I.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Kritzer

192

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07430

CERTIFICATE OF DEATH

Reg. Dlat. No. 302

1. PLACE OF DEATH: Washington
County.....

Hagerstown
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 5 Years

Hospital, Institution, or street address where death occurred:

229 East franklin St.

How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Washington
State..... County.....Hagerstown
City or town.....

(If outside city or town limits, write RURAL and give nearest town)

229 East franklin St.
Street No.....

(If rural, give LOCATION)

None

3. (a) FULL NAME

GEORGE CAMPBELL SAUM

George Campbell

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male M White Widower

B. (b) Name of husband or wife S. Irene

7. Birth date of deceased (mo., day, yr.) January 12 1859

6. (c) If alive, give age - years

8. AGE: Year Months Days If less than one day

88 88 6 28 hrs. min.

9. Birthplace Maurertown Shenandoah Co. Va.
(Town, county, and state)

10. Usual occupation Mechanic

11. Industry or business Retired

12. Name George Saum

13. Birthplace Maurertown Va.

14. Maiden name No Record

15. Birthplace No Record

16. Informant Clarence N. Saum

Address Hagerstown Md.

17. Burial Date thereof 8/12/47

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Ros Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Aug. 12, 1947 L. Scott, M.D.
(Date rec'd by registrar) Registrar

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

August 10 1947 19. at 3.30 M

20. DATE OF DEATH

Aug. 5, 1947, to Aug. 10, 1947
and that I last saw him alive on Aug. 9, 1947

Immediate cause of death

Hypertrophic Pneumonia - 7 days

Due to

Ch. Myocarditis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

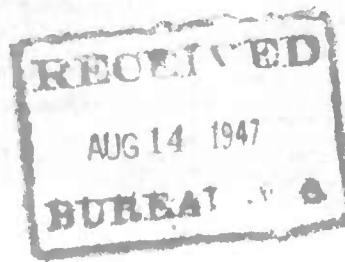
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. George K. Coffman, M.D.

M. D. or other

Address Hagerstown Md. Date signed Aug. 11, 1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correctness is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

219

07431
93d
302
Reg. Dist. No.

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 11 hours

3. (a) FULL NAME

James McClain Schuster

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

White

Married

6. (b) Name of husband or wife

Madeline Dryer Schuster

7. Birth date of deceased (mo. day. yr.)

May 4, 1889

6. (c) If alive, give age 54 years

8. AGE:

Years 58

Months 3

Days 23

If less than one day

hrs. min.

9. Birthplace

Hagerstown, Wash. Co. Md.

(Town, county, and state)

10. Usual occupation

Construction Engineer

11. Industry or business

J. B. Ferguson Co.

MOTHER FATHER

Fred. W. Schuster

13. Birthplace

Hagerstown, Maryland

14. Maiden name

Minnie F. Meredith

15. Birthplace

Harrisburg, Pa.

16. Informant

Mrs. James McC. Schuster

Address

Hagerstown, Maryland

17. Burial

Date thereof 8-29-47

(Burial, cremation, or removal. Which?)

Cemetery or crematory Rose Hill Cemetery Co.

Location

Hagerstown, Maryland

18. Funeral director

C. M. Suter & Sons

Address

Hagerstown, Maryland

Aug. 28, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1007 Potomac Avenue

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

214-09-8027

MEDICAL CERTIFICATION

20. DATE OF DEATH

8/26 1947 at 11:58 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/1 1947 to 8/26 1947

and that I last saw him alive on 8/26 1947

Immediate cause of death

Myocardial dilatation

DURATION

8/26/47

Due to

myocarditis chronic

=

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

3. SIGNATURE

H. Porterfield M.D.

M. D. or other

Address 136 W Washington Date signed 8/27/47

RECEIVED

AUG 30 1947

BUREAU F B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Ralph Young

07432

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94a

CERTIFICATE OF DEATH

Reg. Dlat. No. 302

1. PLACE OF DEATH:

Washington County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

2 Weeks

How long in above place of death?

Hospital, institution, or street address where death occurred:

Washington County Hospital

3 Weeks

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

County Washington

City or town Sharpsburg R # 1

(If outside city or town limits, write RURAL and give nearest town)

Street No. Sharpsburg Pike

(If rural, give LOCATION)

None

2.(a) If veteran, name war.

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug 14 1947 19 5 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

7/14/47 19 10 1947 19

and that I last saw him alive on 8/14/47 19 10 1947 19

Immediate cause of death: *Obstruction*

DURATION

Obstruction

Due to:

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE *R. L. Young* M. D. or other

Address

Date signed

3. (a) FULL NAME

MRS ALTA PALMER SMITH

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white Married

6.(b) Name of husband or wife Otha

6.(c) If alive, give age 66 years

7. Birth date of deceased (mo. day, yr.) June 31 1884

8. AGE: Year Months Days If less than one day
63 1 24 hrs. min.

9. Birthplace Myersville Fred. Co. Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

12. Name Charles Palmer

13. Birthplace Myersville, Md.

14. Maiden name No Record

15. Birthplace No Record

16. Informant Otha Smith

Address Sharpsburg Md. R # 1

17. Burial Date thereof 8/17/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

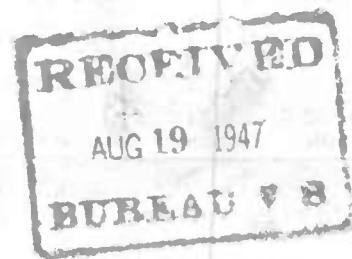
Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. Aug 17 1947 Clear H. Bowers
(Date rec'd by registrar) Registrar



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

67433

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

Washington

County

Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 55 years

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

County

Washington

City or town

(If outside city or town limits, write RURAL and give nearest town)

834 West Washington

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Samuel R. Smith

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Male

White

Divorced

6.(b) Name of husband or wife

6.(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

June 12, 1892.

8. AGE:

Years

Months

Days

If less than one day

55

1

22

hrs.

min.

9. Birthplace

Hagerstown, Md.

(Town, county, and state)

10. Usual occupation

Painter

11. Industry or business

MOTHER FATHER

Samuel Smith

12. Name

Hagerstown

13. Birthplace

Mary Randall

14. Maiden name

Hagerstown

15. Birthplace

Rondall Smith (Son)

16. Informant

Hagerstown

Address

Rose Hill

17. Burial

Date thereof Aug 6, 1947

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Hagerstown

Location

Fred W. Kraiss

18. Funeral director

Hagerstown

Address

Aug. 5, 1947

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland

State

County

Washington

City or town

(If outside city or town limits, write RURAL and give nearest town)

834 West Washington

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (b) Social Security Number

MEDICAL CERTIFICATION 7:30

2D. DATE OF DEATH Aug 3rd 19 47 at P.M. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and that I last saw h alive on 19 to 19

Immediate cause of death

DURATION

Acute coronary occlusion

Due to

Angina pectoris

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

None

Date of

Where did injury occur

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work

23. SIGNATURE

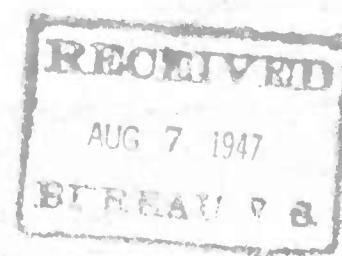
Robert Wells

MEDICAL DOCT. WASH CO., MD.

Address

Hagerstown, Md Date signed 8/4/47

M. D. *mother*



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

192

CERTIFICATE OF DEATH

67434

Reg. Dist. No. 302

1. PLACE OF DEATH:

County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?..... life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or Institution?..... Pronounced dead on arrival

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Washington
 City or town..... Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No..... 229 West Side Ave
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Robert Thomas Snodderly

3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Male White Single

6.(b) Name of husband or wife.....

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.) Dec. 25, 1942

8. AGE: Years Months Days If less than one day
4 8 1 hrs. min.9. Birthplace..... Hagers.town, Maryland
 (Town, county, and state)

10. Usual occupation.....

11. Industry or business

MOTHER FATHER 12. Name..... Sherman E. Snodderly

13. Birthplace..... Leitersburg, Maryland

14. Maiden name..... Evelyn B. Baechtel

15. Birthplace..... Washington County, Maryland

16. Informant..... Mr. Sherman E. Snodderly

Address..... 229 West Side Ave. Hagerstown, Md.

17. Burial..... Date thereof..... Aug. 29, 1947
 (Burial, cremation, or removal. Which?)

Cemetery or crematory..... Rose Hill Cemetery

Location..... Hagerstown, Maryland

18. Funeral director..... Fred W. Kraiss

Address..... Hagerstown, Maryland

19. Date rec'd by registrar..... Aug. 29, 1947

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... Aug. 26. 47 at 6:11 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Aug. 26. 47 19. Aug. 26. 47 19.

and that I last saw h. deceased on Aug. 26. 47 19.

Immediate cause of death.....

Stroke by lightning
 Due to..... in street in front
 of home

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Where did injury occur?..... Hagerstown, Md. (City or town)

Date of..... Aug. 26-47 (County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury..... lightning Injured at work?

23. SIGNATURE.....

Address..... Hagerstown, Md. Date signed..... Aug. 27-47

M. D. or other

RECEIVED

SEP 1 1947

BUREAU D B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, in correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 Days
 Hospital, institution, or street address where death occurred: Washington County Hospital
 How long in hospital or institution? 4 Days

3. (a) FULL NAME
 MRS MARY RUTH STALEY

4. Sex Female	5. Color or race White	6. (a) Single, married, widowed, or divorced Married		
		George		
7. Birth date of deceased (mo. day. yr.)	6. (c) If alive, give age 54 years			
8. AGE: Years 52	Months 3	Days 25	It less than one day hrs. min.	
9. Birthplace Mt. Jackson Shenandoah Va.	(Town, county, and state)			
10. Usual occupation Housewife				
11. Industry or business Own Home				
MOTHER FATHER	12. Name Edward L. Pomeroy			
	13. Birthplace Front Royal Va.			
MOTHER	14. Maiden name Hattie F. Armentrout			
	15. Birthplace Mt. Jackson Va.			
16. Informant George M. Straley				
Address Hagerstown Md.				
17. Burial Burial	Date thereof 8/5/47			
(Burial, cremation, or removal. Which?)		(month)	(day)	(year)
Cemetery or crematory Rose Hill Cemetery				
Location Hagerstown Md.				
18. Funeral director Andrew K. Coffman				
Address Hagerstown Md.				
19. Date reg'd by registrar Aug. 5 1947	19. Date reg'd by registrar	Blair H. Powers	Registrar	

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore

Dr. welty

67435

CERTIFICATE OF DEATH

Reg. Dist. No. 302

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 240 South Potomac St.
 (If rural, give LOCATION)
 2.(a) If veteran, name war None

3. (b) Social Security Number
 None

MEDICAL CERTIFICATION

P
 20. DATE OF DEATH August 3 1947 19. at 12:30 M
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
 June 20, 1947, to Aug. 3, 1947,
 and that I last saw her alive on August 3, 1947.

Immediate cause of death Hemorrhage from Esophageal Varix
 Due to Cirrhosis of Liver
 Due to
 Other conditions
 (Include pregnancy within 8 months of death)

Major findings of operations.

Date of op. Cirrhosis of Liver & Esophageal Varix
 Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Dr. M. D. or other
 M. D. or other
 Address 998 Potomac Ave., Hagerstown
 Date signed 8/14/47



67436

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County.

Washington
Rural Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lewis Benton Stiphey

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male

white

Single

6. (b) Name of husband or wife

May 21, 1866

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

May 21, 1866

8. AGE:

Years Months Days If less than one day

81 3 10

hrs. min.

9. Birthplace

Washington Co. Md.

(Town, county, and state)

10. Usual occupation

Retired Farmer

11. Industry or business

Solomon Stiphey

MOTHER

FATHER

Washington Co. Md.

MOTHER

Catharine Alice

MOTHER

Chambersburg Pa.

MOTHER

Frank F. Stiphey

MOTHER

Hagerstown Md. #5

MOTHER

Burial

Date thereof (month) (day) (year)

MOTHER

Green Hill Cemetery

MOTHER

Hagerstown Pa.

MOTHER

Walter F. Stiphey

MOTHER

271 Church St. Waynesboro Pa.

MOTHER

Aug. 2, 1947

MOTHER

Solomon Stiphey

MOTHER

Registrar

MOTHER

VS/A15 9-45-15M

MOTHER

Date rec'd by registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md. County Washington

City or town

Rural Hagerstown

Street No.

Hagerstown #5

(If rural, give LOCATION)

2. (a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

August 1 1947 at 8:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

4-3-40 19 to August 1 1947

and that I last saw him alive on Aug 1 1947

Immediate cause of death

Arterio sclerosis
(Senile)

Due to

Cardiovascular
Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, pub'l place (where?)

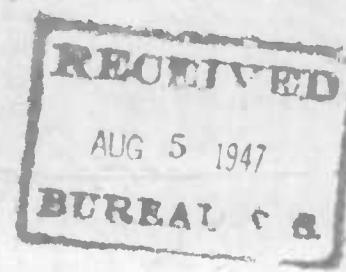
Means of injury

Injured at work?

23. SIGNATURE

M. D. or other

Address Old Lindenman 400
Waynesboro Pa. Date signed 8-1-47



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

07437

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington, D.C.

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred:

Washington County Hospital

How long in hospital or institution? 2 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1050 South Potomac St.

(If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

William Vernon Stouffer

3. (b) Social Security Number

214-09-5982

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Lena L. Stouffer

7. Birth date of deceased (mo., day, yr.) Sept. 8, 1885

6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day

61 11 3 hrs. min.

9. Birthplace Cavetown, Wash. Co., Md.

(Town, county, and state)

10. Usual occupation Pattern Maker, Pangborn Corp.

11. Industry or business

12. Name William H. Stouffer

13. Birthplace Newville, Penna.

14. Maiden name Lillie V. Sigler

15. Birthplace Smithburg, Maryland

16. Informant Mrs. Lena L. Stouffer

Address 1050 S. Potomac St. Hagerstown,

Burial

(Burial, cremation, or removal. Which?)

Date thereof Aug. 14, 1947

(month) (day) (year)

Cemetery or crematory Rest Haven Cemetery

Location Hagerstown, Maryland

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland

Aug. 14, 1947

(Date read by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 11, 1947 12 noon

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/9 1947 to

8/11 1947

and that I last saw h. (him) alive on

8/11 1947

Immediate cause of death

rupture of 1941 aneurysm in

Krupps' syndrome

Due to acute coronary vasospasm

& myocardial infarction

Due to

DURATION

3 hours

9 days 3

Other conditions Chol. li. Thes. is

unknown

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results As above

PHYSICIAN: Please underline the cause to which death should be charged statistically.

Md.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

John S. Homelock, Jr. T-107

M. D. or other

Address 1050 South Potomac St. Hagerstown, Maryland

Date signed

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AUG 18 1947

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194
PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

194

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:

County Washington

City or town Hagerstown Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? Life

Hospital, institution, or street address where death occurred: Garlock Memorial Home

How long in hospital or institution? 10 weeks

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown

(If outside city or town limits, write RURAL and give nearest town)

Street No. 305 North Potomac Street

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME

Anna Catherine Suter

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6.(b) Name of husband or wife.....

7. Birth date of deceased (mo. day, yr.) September 14, 1881

8. AGE: Years Months Days If less than one day
65 10 29 hrs. min.9. Birthplace Hagerstown, Wash. Co. Md.
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business Own Home

MOTHER FATHER 12. Name Charles M. Suter

13. Birthplace Hagerstown, Maryland

14. Maiden name Laura Witzemberger

15. Birthplace Hagerstown, Maryland

16. Informant Frank S. Suter

Address Hagerstown, Maryland

17. Burial Date thereof 8-14-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Aug. 13, 1947 Schaeff & Powers
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 8/13/47 19 19

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

8/5/47 19 to 8/13/47 19

and that I last saw her alive on 8/11/47 19

Immediate cause of death

Congestive Heart Failure 1/2

Due to

Due to

Other conditions

Diabetes Insipidus 2 lbs
Diabetes Mellitus 3 lbs
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE: *John Young MD* M. D. *John Young MD* M. D. *John Young MD* M. D.Address *801 Washington St.* Date signed *8/13/47*



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Use correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Bell

07439

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 35 Years
Hospital, Institution, or street address where death occurred:
1926 Virginia Ave.
How long in hospital or institution? ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1926 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war. None

3.(a) FULL NAME
MRS FANNIE MAE THOMAS

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced		
Female	White	Married		
6.(b) Name of husband or wife Harry E. Thomas				
6.(c) If alive, give age 70 years				
7. Birth date of deceased (mo. day. yr.) May 18, 1880				
8. AGE:	Years 67	Months 2	Days 21	If less than one day hrs. min.
9. Birthplace Rocky Ridge, Fredrick Co. Md. (Town, county, and state)				
10. Usual occupation House Wife				
11. Industry or business Own Home				
12. Name Harvey Martin				
13. Birthplace Rocky Ridge Md.				
14. Maiden name Anne Catherine Smith				
15. Birthplace Rocky Ridge Md.				
16. Informant Harry E. Thomas				
Address Hagerstown Md.				
17. Burial Date thereof 8/12/47 (Burial, cremation, or removal. Which?) (month) (day) (year)				
Cemetery or crematory Rest Haven Cemetery				
Location Hagerstown Md.				
18. Funeral director Andrew K. Coffman				
Address Hagerstown Md.				

19. Aug. 11, 1947 Ghast Powers,
(Date rec'd by registrar) Registrar

3. (b) Social Security Number None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 9, 1947, at 10A.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Aug. 8, 1947, to Aug. 8, 1947, and that I last saw her alive on August 8, 1947.

Immediate cause of death: *Chronic myocarditis*

DURATION 2

Due to: *Chronic myocarditis*

Due to: *Hemiplegia, left.*

Other conditions *Hemiplegia, left.* (Include pregnancy within 3 months of death)

Major findings of operations: *None*

Date of op. *None*

Autopsy results: *None*

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. *None* Date of *None*

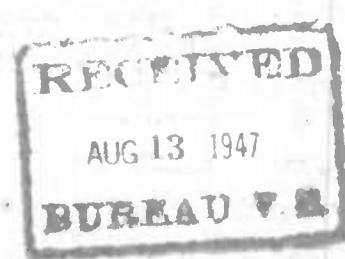
Where did injury occur? (City or town) (County) (State) *None*

Injured at home, farm, industry, public place (where?) *None*

Means of injury *None* Injured at work? *None*

23. SIGNATURE *R. Bell* M. D. or other *None*

Address *Hagerstown Md.* Date signed *8/9/47*



07440

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 93d

CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH:
County Washington
City or town Dunkirk
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 3 years
Hospital, institution, or street address where death occurred:
main st.
How long in hospital or institution? at home

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Dunkirk
(If outside city or town limits, write RURAL and give nearest town)
Street No. Main Street
(If rural, give LOCATION)
2.(a) If veteran, name war World War One

3. (a) FULL NAME

Russell Edward Washell

3. (b) Social Security Number

219-05-0580

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife	Edith S. Stockslager
-------------------------------	----------------------

7. Birth date of deceased (mo., day, yr.)	August 7-1895		
---	---------------	--	--

8. AGE:	Years	Months	Days	if less than one day
	52	0	23	hrs. min.

9. Birthplace	Marysville Ind. Co. Md.
---------------	-------------------------

(Town, county, and state)	Guar.
---------------------------	-------

10. Usual occupation	Farisfield Aircraft Corp.
----------------------	---------------------------

11. Industry or business	Daniel Washell
--------------------------	----------------

12. Name	Daniel Washell
----------	----------------

13. Birthplace	Marysville Ind. Co.
----------------	---------------------

14. Maiden name	Anna M.
-----------------	---------

15. Birthplace	Marysville Ind. Co. Md.
----------------	-------------------------

16. Informant	Mrs. Edith S. Washell
---------------	-----------------------

Address	Dunkirk
---------	---------

17. Burial	Burial
------------	--------

(Burial, cremation, or removal. Which?)	Date thereof
---	--------------

Cemetery or crematory	Antietam National Cemetery
-----------------------	----------------------------

Location	Sharpsburg Md.
----------	----------------

18. Funeral director	Elmer J. Best & Sons
----------------------	----------------------

Address	Baltimore Md.
---------	---------------

19. (Date rec'd by registrar)	Sept 1, 1947
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MEDICAL CERTIFICATION

20. DATE OF DEATH August 30 1947 at 9:35 P.M.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Feb 21 1945 to Aug 30 1947 and that I last saw him alive on Aug 29 1947

Immediate cause of death Coronary thrombosis

DURATION 30 min.

Due to arterio-sclerotic heart disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

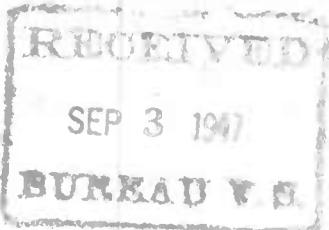
Injured at work?

23. SIGNATURE Sydney Novesler

M. D. or other

Date signed 9/1/47

Address



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07441

98

CERTIFICATE OF DEATH

Reg. Dist. No. 304

1. PLACE OF DEATH: Washington
County.....City or town..... Hancock, Md.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 27 years

Hospital, Institution, or street address where death occurred: Washington Street

How long in hospital or institution?

3. (a) FULL NAME Jacob Weaver

4. Sex Male 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife..... Emma Weaver

7. Birth date of deceased (mo., day, yr.) December 22, 1865
6. (c) If alive, give age..... years

8. AGE: Years 81 Months 7 Days 24 If less than one day hrs. min.

9. Birthplace..... Fulton County, Pa.
(Town, county, and state)

10. Usual occupation..... Retired Farmer

11. Industry or business

12. Name..... John Weaver
13. Birthplace..... Germany

14. Maiden name..... Nancy Souders

15. Birthplace..... Fulton Co., Pa.

16. Informant..... Mrs. Raymond Ward
Address..... Hancock, Md.17. Burial..... Date thereof..... Aug. 18-47
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... Tonoloway Baptist Cemetery
Location..... Near Hancock, Md.18. Funeral director..... Snyder-Rowland Funeral Home
Address..... Hancock, Md.19. Date rec'd by registrar..... 8-16-47
(Date rec'd by registrar) J. A. Heller
Registrar2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State..... Maryland County..... Washington

City or town..... Hancock, Md.
(If outside city or town limits, write RURAL and give nearest town)Street No..... Washington Street
(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH..... August 15, 1947, at 6:05 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Jane 1947, to 8-16 1947
and that I last saw h. m. alive on 8-13 1947

Immediate cause of death.....

Dengue
Arthrosclerosis

Due to.....

Other conditions..... Senile Dementia

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... Herbert R. Johnson, M.D.

M. D. or other.....

Address..... Hancock, Md. Date signed..... 8-16-47

RECEIVED

AUG 20 1947

BUREAU F B

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

4581

07442

302

Reg. Dist. No.

1. PLACE OF DEATH:

County Washington

City or town Hagerstown, Maryland

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 50 years

Hospital, institution, or street address where death occurred:

1029 The Terrace

How long in hospital or institution?

3. (a) FULL NAME

Glenn O. Wilhide

4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced

Male White Married

6. (b) Name of husband or wife Rose McK. Wilhide

7. Birth date of deceased (mo., day, yr.) November 17, 1884

8. AGE: Years Months Days If less than one day
62 9 8 hrs. min.9. Birthplace Chambersburg, Pa.
(Town, county, and state)

10. Usual occupation Master Mechanic

11. Industry or business Western Maryland R.R.

12. Name John F. Wilhide

13. Birthplace Thurmont, Maryland

14. Maiden name Mollie Waltz

15. Birthplace Frederick, Maryland

16. Informant Mrs. Glenn O. Wilhide

Address Hagerstown, Maryland

17. Burial Date thereof 8-27-47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown, Maryland

18. Funeral director C. M. Suter & Sons

Address Hagerstown, Maryland

19. Aug. 26. 1947 Death Record
(Date rec'd by registrar) *Beth A. Powers* Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Washington

City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)Street No. 1029 The Terrace
(If rural, give LOCATION)

2. (a) If veteran, name war.

3. (b) Social Security Number

705-10-5656

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 25 1947

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Oct. 21 1946 to Aug. 25 1947

and that I last saw her alive on Aug. 24 1947

Immediate cause of death

Spider-mold carcinoma
of Tongue

Due to

Due to

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations Rodentum since Oct. 1946

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

W. Howard Geiger
Hagerstown, Md. Aug. 26, 1947
Address Date signed

M. D. or other

Date signed

RECEIVED

AUG 28 1947

BUREAU OF S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Line connect age is especially important. Physicians: please write the causes of death clearly and legibly.

Dr. Hochlander 223
07443
93d
Reg. Dist. No. 303

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore
CERTIFICATE OF DEATH

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 Months
Hospital, Institution, or street address where death occurred:
1102 Virginia Ave.
How long in hospital or Institution? --

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn Infants give residence of mother)
State Maryland County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
Street No. 1102 Virginia Ave.
(If rural, give LOCATION)
2.(a) If veteran, name war None

3. (a) FULL NAME

MRS EMMA CATHERINE WOLFE

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6. (b) Name of husband or wife John L. Wolfe

7. Birth date of deceased (m.e. day, yr.) January 29, 1866

8. AGE: Years	Months	Days	If less than one day
81	6	28	hrs. min.

9. Birthplace Myersville, Frederick Co. Md.
(Town, county, and state)

10. Usual occupation House Wife

11. Industry or business Own Home

12. Name John L. Wolfe

13. Birthplace Wolfsville Md.

14. Maiden name Mary Moser

15. Birthplace Myersville Md.

16. Informant Chester Wolfe

Address Hagerstown Md.

17. Burial Date thereof 8/30/47
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Rose Hill Cemetery

Location Hagerstown Md.

18. Funeral director Andrew K. Coffman

Address Hagerstown Md.

19. (Date filed by registrar) Aug. 30 1947

Registrar

3. (b) Social Security Number
None

MEDICAL CERTIFICATION

20. DATE OF DEATH August 27 1947 at 7:30 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 19 47 to Aug. 27 1947 and that I last saw her alive on Aug. 27 1947

Immediate cause of death Cerebral hemorrhage

Due to:

Due to:

Other conditions Heart Disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

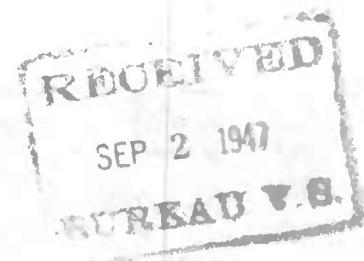
Injured at home, farm, Industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Eldon J. Heacock M.D.

M. D. or other

Address 18 Agoston St. M.D. Date signed 27 Aug 47



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93d

07444

302

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:
 County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? Life
 Hospital, institution, or street address where death occurred: 608 N. Prospect St.
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
 (For newborn infants give residence of mother)

State Maryland County Washington
 City or town Hagerstown
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 608 North Prospect, St.
 (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (a) FULL NAME Harry L. Young
 3. (b) Social Security Number None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Cleta Young

7. Birth date of deceased (mo., day, yr.) 6.(c) If alive, give age years
 Sept. 20, 1890

8. AGE: Years 56 Months 11 Days 4 If less than one day hrs. min.

9. Birthplace Washington Co. Md. (Town, county, and state)

10. Usual occupation Salesman

11. Industry or business

MOTHER FATHER 12. Name William L. Young

13. Birthplace Welch Run, Penna.

14. Maiden name Martha Hykes

15. Birthplace Washington Co. Md.

16. Informant Mrs. Cleta Young

Address 608 N. Prospect St. Hagerstown

17. Burial Date thereof Aug. 27, 1947
 (Burial, cremation, or removal. Which?)

Cemetery or crematory Prices Cemetery

Location Waynesboro, Penna.

18. Funeral director Fred W. Kraiss

Address Hagerstown, Maryland.

19. Aug. 27, 1947 (Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH August 24, 1947 at 11:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from August 20, 1947, to Aug. 24, 1947, and that I last saw him alive on August 24, 1947.

Immediate cause of death Coronary occlusion

Due to Duration 4 days

Due to Duration 4 days

Other conditions Hypertension cardio-vascular disease, several years.

(Include pregnancy within 3 months of death)

Major findings or operations No operations

Date of op. 1947

Autopsy results No autopsy

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of 1947

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury Injured at work?

23. SIGNATURE La Bell

M. D. or other 1947

Address Hagerstown, Md. Date signed 8/27/1947



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore 1310

CERTIFICATE OF DEATH

07445
302

Reg. Dist. No.

1. PLACE OF DEATH:
County Washington
City or town Hagerstown
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 week
Hospital, Institution, or street address where death occurred: Washington County Hospital
How long in hospital or institution? 1 week

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Washington
City or town Pectonville
(If outside city or town limits, write RURAL and give nearest town)
Street No. Rural
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME William Elmer Younker

3. (b) Social Security Number
None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Frances Younker

7. Birth date of deceased (mo., day, yr.) Feb. 27, 1866 6.(c) If alive, give age years

8. AGE: Years 81 Months 5 Days 28 It less than one day hrs. min.

9. Birthplace Penna. (Town, county, and state)

10. Usual occupation Retired Farmer

11. Industry or business

MOTHER FATHER 12. Name Isaac Younker

13. Birthplace Penna.

14. Maiden name Katherine Hull

15. Birthplace Washington Co. Md.

16. Informant Harry C. Younker

Address Hancock, Md. R.D. # 1

17. Burial Date thereof Aug. 24, 1947
(Burial, cremation, or removal. Which?)

Cemetery or crematory Orchard Ridge Cemetery

Location Near Hancock, Md.

18. Funeral director Snyder-Rowland

Address Hancock, Maryland.

19. Aug. 27, 1947 B. Smith, M.D.
(Date rec'd by registrar)

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Aug. 20, 1947 a.m. 10:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug. 19, 1947, to Aug. 20, 1947, and that I last saw him alive on Aug. 20, 1947.

Immediate cause of death: Stroke & Paroxysmic Heart Disease -
a Convulsions followed and death.

DURATION

Due to:

Due to:

Other conditions: Chronic nephritis

?

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE: John J. Younker, M.D.

15th W. Washington & Hagerstown, Md. 8/23/47
(Date signed)

RECEIVED

AUG 26 1947

FEDERAL BUREAU OF INVESTIGATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07446

45

97

CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH:

County

Washington

City or town

Duke Charing

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Six day

Hospital, institution, or street address where death occurred:

Duke Way Nursing Home

How long in hospital or institution?

Six days

3. (a) FULL NAME

Minerva Zimmerman

3. (b) Social Security Number

4. Sex

Female white Widowed

5. Color or race

6.(a) Single, married, widowed, or divorced

6.(b) Name of husband or wife

James Zimmerman

7. Birth date of

deceased (mo., day, yr.)

April 14 1869

6.(c) If alive, give age

MEDICAL CERTIFICATION

8. AGE: Years Months Days If less than one day

78 4 2

hrs. min.

9. Birthplace

Franklin Pa

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

Samuel Leland

12. Name

Samuel Leland

13. Birthplace

Cascade Md

14. Maiden name

Eliza Farnquist

15. Birthplace

Fulton Co NY

16. Informant

Mrs. Milton Ferguson

Address

Waynesboro B F H 0.4

17. Burial

Date thereof

8/19/47

(month) (day) (year)

Cemetery or crematory

Ledges Hill

Location

Greencastle Pa

18. Funeral director

Halter & Son

Address

271 Church St. Waynesboro

Aug 17 -

1947 Joseph Murray

(Date registered by registrar)

20. DATE OF DEATH AUGUST 16 1947 4:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

AUGUST 12 1947 to AUGUST 16 1947

and that I last saw her alive on AUGUST 16 1947

Immediate cause of death

HEART BLOCK-Complete

DURATION

Due to

ARTERIOGRAPHIC

HEART DISEASE

?

Due to

None

Other conditions

None

?

(Include pregnancy within 3 months of death)

Major findings or operations

None

Date of op.

Autopsy results

None

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

Austin Robert Cohen

M. D. C. 1947

Address

Clearspring Md

Date signed 8/17/47

